

## NOTICE OF INDEPENDENT REVIEW DECISION

May 7, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0437-01

IRO Certificate #:

\_\_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_\_ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The \_\_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 46 year old female was initially injured on \_\_\_\_ when she hit her head on the top of a cab and sustained a spinal cord injury. This required surgery on the cervical spine in June of 2000, as well as lumbar spine surgeries x 5. The patient has post surgical collection consistent with a scar starting at L3-4 level and extending down the left to the L5-S1 level.

### Requested Service(s)

Racz catheter procedure x 3 days with fluoroscopy.

### Decision

It is determined that the Racz catheter procedure x 3 days with fluoroscopy is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Previous caudal epidural steroid injections with a spring tipped (Racz) catheter has not relieved the pain and there is no medical indication to repeat the injections. There is no evidence that repeating this procedure for 3 days or using a different agent, i.e. hypertonic saline is better than the procedure performed by Dr. \_\_\_\_ which did not provide long term relief. In addition, the diffuse nature of the pain and prior extensive surgeries predict a poor outcome from any injection therapy. Oral medications should be tried to determine which medication best alleviates or reduces her pain level as well as a trial of physical therapy.

This decision by the IRO is deemed to be a TWCC decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code '148.3). This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code '102.4(h) or 102.5(d)). A request for hearing, along with a copy of this decision notice, should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, Texas 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this \_\_\_\_\_ day of \_\_\_\_\_ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: